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**FACSIMILE COVER SHEET**

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**TO:** TC: 3700      GAU: 3763  
**Examiner:** Loan H. THANH

**COMPANY:** United States Patent and Trademark Office

**TELEFAX NO.:** (703)-872-9306

**FROM:** Belinda J. HUNTER - Patent Paralegal

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November 18, 2004

Your Ref No.: 09/766,910

Our Ref. No.: 3486-023 DIV II

**RE: Terminal Disclaimer  
and Fee Authorization**

**CERTIFICATE OF TRANSMISSION UNDER 37 CFR §1.8**

I hereby certify that this correspondence is being facsimile transmitted to Examiner THANH, Loan H., Group Art Unit 3763 at Fax 703/872-9306, Mail Stop AF, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on 11.18.2004.

  
 HUNTER, Belinda J.

PTO/SB/21 (08-03)

Approved for use through 06/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/766,910
		Filing Date	January 22, 2001
		First Named Inventor	HOCHMAN, Mark N.
		Art Unit	3763
		Examiner Name	THANH, Loan H.
Total Number of Pages in This Submission	5	Attorney Docket Number	3486-023 DIV II

<b>ENCLOSURES (Check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Telefax Cover Sheet;
<input type="checkbox"/> Remarks <span style="float: right;">CERTIFICATE OF TRANSMISSION UNDER 37 CFR §1.8</span> I hereby certify that this correspondence is being facsimile transmitted to: Examiner THANH, Loan H., GAU 3763, at Telefax (703) 872 9306, Mail Stop AF, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on 11/18/2004. Customer No: 22440      Depositor: <i>Belinda J. Hunter</i> Confirmation No: 2509      Depositor: <i>Belinda J. Hunter</i>			

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	WEISZ, Tiberiu Reg No 29,876 <i>Tiberiu Weisz</i>
Signature	<i>Tiberiu Weisz</i>
Date	November 17, 2004

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Signature	
Date	November 17, 2004

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 55.00)

## Complete if Known

Application Number	09/766,910
Filing Date	January 22, 2001
First Named Inventor	HOCHMAN, Mark N.
Examiner Name	THANH, Loan H.
Art Unit	3763
Attorney Docket No.	3486-023 DIV II

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
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07-1730

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## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Small Entity

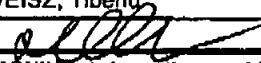
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	Filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 430	2252 215	Extension for reply within second month	
1253 980	2253 490	Extension for reply within third month	
1254 1,530	2254 765	Extension for reply within fourth month	
1255 2,080	2255 1,040	Extension for reply within fifth month	
1401 340	2401 170	Notice of Appeal	
1402 340	2402 170	Filing a brief in support of an appeal	
1403 300	2403 150	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,370	2453 685	Petition to revive - unintentional	
1501 1,370	2501 685	Utility issue fee (or release)	
1502 480	2502 245	Design issue fee	
1503 680	2503 330	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 790	2809 395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR 1.129(b))	
1801 790	2801 395	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify) <b>Statutory Disclaimer 37 CFR 1.20(d)</b>		55.00	

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$ 55.00)**Total Claims **20** -20\*\* = **0** X **0** = **0** Fee PaidIndependent Claims **0** - 3\*\* = **0** X **0** = **0** Fee PaidMultiple Dependent **0** Fee Paid

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 88	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not paid
1204 88	2204 44	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$ 0)**

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	WEISZ, Tiberiu	Registration No. (Attorney/Agent)	29,876 Telephone (212) 684 3900
Signature		Date	November 17, 2004

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**TERMINAL DISCLAIMER TO OBLIGATE A DOUBLE PATENTING  
REJECTION OVER A PRIOR PATENT**

Docket Number (Optional)  
3488-023 DIV II

In re Application of: HOCHMAN, Mark N

Application No.: 09/766,910

Filed: January 22, 2001

For: PRESSURE/FORCE COMPUTER CONTROLLED DRUG DELIVERY SYSTEM WITH AUTOMATED CHARGING

The owner, Milestone Scientific Inc, of 100 percent interest in the instant application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application, which would extend beyond the expiration date of the full statutory term defined in 35 U.S.C. 154 and 173, as presently shortened by any terminal disclaimer, of prior Patent No. 6,200,289. The owner hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that it and the prior patent are commonly owned. This agreement runs with any patent granted on the instant application and is binding upon the grantee, its successors or assigns.

In making the above disclaimer, the owner does not disclaim the terminal part of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 and 173 of the prior patent, as presently shortened by any terminal disclaimer, in the event that it later expires for failure to pay a maintenance fee, is held unenforceable, is found invalid by a court of competent jurisdiction, is statutorily disclaimed in whole or terminally disclaimed under 37 CFR 1.321, has all claims canceled by a reexamination certificate, is reissued, or is in any manner terminated prior to the expiration of its full statutory term as presently shortened by any terminal disclaimer.

Check either box 1 or 2 below, if appropriate.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2.  The undersigned is an attorney or agent of record.



November 17, 2004

Signature

Date

WEISZ, Tiberiu Reg No 29,876

Typed or printed name

(212) 684 3900

Telephone Number

Terminal disclaimer fee under 37 CFR 1.20(d) included.

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